

OFFICE OF ATTORNEY GENERAL Consumer Protection Division Government Center South, 5th floor 302 W. Washington Street Indianapolis, IN 46204 (317) 233-4393 – Fax

Name and Address of Entity or Person that ow	ns or licenses the da	ta subject to the breach			
Name					-
Ice Miller LLP					
Street Address		City		State	Zip Code
One American Square, Suite 2900		Indianapolis		IN	46282
Submitted by		Title		Dated	
Stephen Reynolds	rtner			3/21/2016	
Firm Name and Address (if different than entity				ne 6-2391	
Email	Relationship to	Relationship to Entity whose information was compromised			
Stephen.Reynolds@icemiller.com		N/A (same e	ntity)		
Type of Organization (please select one)					
State of Indiana Government Agency	——————————————————————————————————————			ot-For-Profit	
Other Government Entity	Financial	Services	S Other – please specify		
Educational	Other Cor	mmercial	Law Firm		
Number of Persons Affected	A Property of the State of the		Dates		
Total (Indiana Included) 52				Unknown	2007 FEE 1981 FE
Total (molaria molacia)	Date Breach Occurred (include start/end dates if known) Date Breach Discovered			12/30/2015	
ndiana Residents Only 44	-			3/21/2016	
	Date Consumers	Notified		3/2 1/2010	<u></u>
Reason for delay, if any, in sending notification The firm learned of a missing hard drive o	n December 30. O		following week		
nvestigator, the IMPD, the Marion County n an effort to recover the drive and detern	•		or the individual	who reportedly	had stolen the driv
			V 1 1 2 2 2 2 3 3 3 4 4 4 7 1 4 2 3	100 110 10	and the second s
Description of Breach (select all that apply)	Lington Specification.				
Inadvertent disclosure External system breach (e.g. hacking)					
Insider wrong-doing		Other			
Loss or theft of device or media (e.g. cor hard drive, thumb drive, CD, tape)	nputer, laptop, extern	nal 			
information Acquired (select all that apply)					
		h (select all that apply)		Anna and a series of the series	s volt. — Transis Tarimesi Indanisiyê yer
	ne in combination wit Driver's License Num	, ,,,,,	ttification Number		
		cial Account Information			
		in combination with sect		e code nassword	or PIN for account)
<u> </u>	Debit Gald Humber (I	ar combination with 8000	any cood, access	oude, password t	A THY TOT ACCOUNT)
List dates of previous breach notifications (with	nin last 12 months)				
None					
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Manner of Notification to Affected Persons	Identity Theft Protection Service Offered					
Attach a copy of a sample notification letter	Yes Duration 1 year (will continue upon request)					
✓ Written	□ No Provider Lifelock					
Electronic (email)	Brief Description of Service:					
✓ Telephone	LifeLock's most comprehensive identity theft protection service.					
Since this breach, we have taken the following steps to ea	nsure It does not reoccur (attach additional pages if necessary)					
	cy prohibiting the storage of confidential information on unencrypted media.					
Additionally, systems/computer permission were changed so that no data can be moved to removable media without first encrypting the device.						
the device.						
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Any other information that may be relevant to the Office of	of Attorney General in reviewing this incident (attach additional pages if necessary)					
In addition to written notice, we attempted to contact						
	to dust uniostal posson sy tolopholis.					
To assist the affected persons protect against ident						
	completion and submission of an IRS Identify Theft Notification Form; ensive identity theft protection service offered by LifeLock;					
- Provide assistance implementing credit freezes; a						
- Provide direct legal assistance from our attorneys.						
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